Is EMS in Critical Condition?

What will *they* ask of *us as the nation moves toward health care reform*?

Skip Kirkwood, MS, JD, EMT-P, EFO, CMO

Chief, Wake County EMS Division
Raleigh, North Carolina

President
National EMS Management Association


ICMA
IQ REPORT
5

EMS IN CRITICAL CONDITION: MEETING THE CHALLENGE

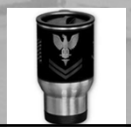
The provision of emergency medical services (EMS) varies with tradition, funding, geography, politics, and level of need. One thing holds true, however, regardless of other differences: EMS systems are bending—and in some cases breaking—under the strain of rising costs, reduced subsidies, and increasing service expectations. The quest to improve performance while achieving savings usually involves complex financial, political, and medical issues, and scientific evidence to help guide the process is often scant. The good news is that in some communities, financial or medical crises have led to better public policy.

This report is designed to give community leaders insight into the challenges facing EMS providers. Benchmarks and examples included in the report can help communities evaluate policy decisions that may affect the care their citizens receive. The final section of the report introduces readers to key aspects of an effective procurement process for EMS.

Contents

Clinical Vital Signs
Operational Vital Signs
Finance in EMS Systems
Keys to Effective Procurement
Conclusion
Additional Resources
Supplementary Documents

Where it all started……



Where are we today?

- Ambulance service or EMS?
- We can't afford to do "EMS" on the money that "ambulance service" brings in.
- Increasing demand for service
  - Decreasing acuity
  - More chronic disease and under-access
- Workforce challenges
- Budgets are tight

Change is not an option ……

…. it's an obligation!

Where are we today?
(and I'm sorry to be brutally honest)

- Small – still "village based"
- Fragmented – divided between sectors
- Weak – politically impotent (in a positive direction)
- Not very smart – politically or financially
- Not well educated – we've resisted curriculum and higher ed
- Not well funded – little or no investment capital
- Not well respected in health care or public safety
- Not competitive with other health care or public safety disciplines
- Not positioned for the future
- ***AND DAMN PROUD OF IT!***

Signs of a happy service

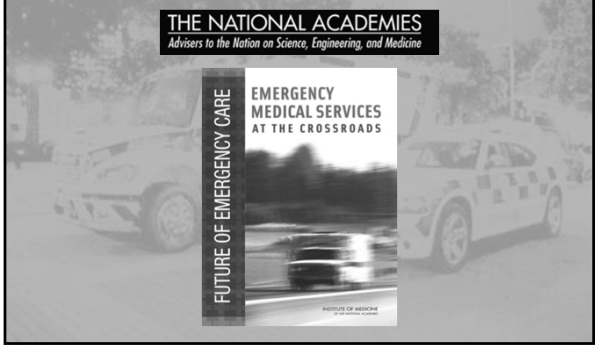
- Consistent good PR
- Evidence-based positive clinical outcomes
- Meeting published and agreed upon response performance goals
- Transparent reporting of performance
- Stable workforce w/ successful recruiting
- Stable funding from multiple sources

Signs of a Distressed Service

- Media or governmental investigation of performance
- Poor or unknown clinical outcomes - complaints
- Response time troubles
- Internal issues
- Turf battles
- Lack of accountability and transparency
- Financial distress
- Litigation – clinical or labor

EMS at the Crossroads

2006



When it comes to workforce…..

…..we're in a bit of trouble.

Institutes of Medicine Recommendations

- Improved Coordination and Communication
- Regionalization – larger organizations, critical mass
- Accountability – medical and financial
- Workforce – attract and retain
- Advancing system infrastructure (dispatch and mobile communications)
- Disaster Preparedness – we need some
- Research – not just clinical (operations, HR)

That's what we need to get where we should be today!

What about tomorrow?

What about health care reform

- The "transport as much as you can, bill for as much as you can, get paid what you get paid" era is going to come to an end.
- Why?

It's the wrong thing to do!

- For years, we've been getting paid ridiculous amounts of money to take
  - The wrong *people*
  - To the wrong *place*
  - Where they get the wrong (too much) *care*!
- This is hugely wasteful for everybody!
  - EDs get overcrowded
  - The cost is staggering –
    - To insurance companies (that pay some of the bills)
    - To the hospitals (that waste the tremendous ED capability)
    - To the community and society as a whole, as the cost is shifted around in ways that we KNOW don't make sense.

So where do we go? Possibilities for the Future of EMS

I see three possibilities:

- Try to stay the same.
- Be absorbed, supplanted, or replaced by alternative organizations.
- Become more efficient, expand services, and prove value to the community.

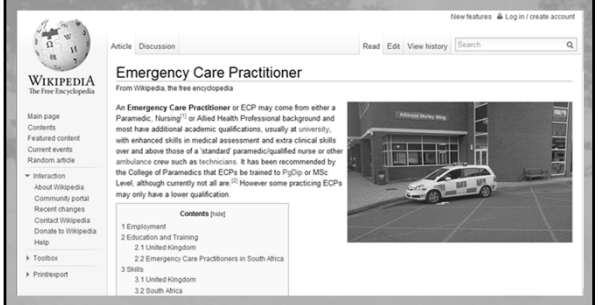
Try to stay the same?

- Workforce issues will kill us – we can't afford to compete using the current model.
- Pay for performance is going to come to EMS some time soon – what will it mean?
- Expect a medical necessity test for 911 calls as well as inter-facility transports
  - Universal coverage will change the game.
  - "Board 'em and bill 'em" will go away
  - Medics will be expected to make informed, intelligent, correct choices about alternative destinations.

Be absorbed, supplanted, or replaced by existing or new organizations?

- The career fire service
  - Principal interest is emergency work
  - My observation is – less interest in high quality medicine
    - It's not **FIRE**
    - "Sentenced to the bus"
    - How soon can I get to what I really want to do?"
- Nurses, PAs, or a new practitioner
  - UK "Emergency Care Practitioner"

…..may come from either a Paramedic, Nursing or Allied Health Professional background …



Become more efficient, more effective, expand services, and demonstrate value to the community.

What is "health care reform" all about?

- $$$$$
- Keeping people healthy
  - Prevention of illness and injury
  - Control of existing conditions
- The right care (quality)
- At the right place (lower cost)

Where does EMS fit in?

- We're the mobile, responsive workforce
  - Like the Marines
    - Neither sailor nor soldier
    - The best of both worlds
    - Like us – the best of public safety plus medical care
- We know the community
- We work best in uncontrolled environments


Program Examples

- **REDUCE** the need for ambulance transportation
  - Prevention, medication compliance
  - Reduce the need for additional ambulance medics
    - ***Accurately*** determine the need for ambulance versus alternative modes of transportation
- **PROTECT** hospital EDs from patients who don't need to be there
  - Minor illnesses
  - Inebriates
  - Mental health custodial patients
- **PREVENT** re-admission to hospitals resulting from
  - Prescription non-compliance
  - Other social factors

A few words about EMS and alternate destinations

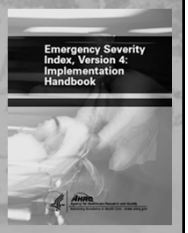
- Past research shows that "medics can't accurately determine who needs to go to the hospital."
- Duh!
  - Paramedic school does not teach this subject.
  - Most of the problems arise when paramedics make "values based" decisions
    - "What's good for the medic" rather than
    - "What's good for the patient."
  - You can't "decline to transport" without providing ***viable alternatives!***

There are "systemic" issues as well…..

- EMS has to see the patient, 24x7.
- A hospital ED has to see the patient (EMTALA), 24x7
- Everybody else gets to choose whether or not to see the patient, and when they choose to be there!

It is *possible* to train medics to make hospital-style triage decisions (at least we think so!).

- ESI-1 – immediate bed with physician at the bedside
- ESI-2 – immediate bed
- ESI-3 – multiple resources required.
- ESI-4 – single resource required
- ESI-5 – zero resources required



It is *possible* to train medics to make hospital-style triage decisions (at least we think so!).

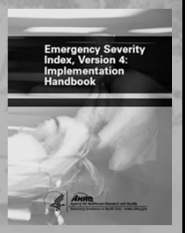
ESI-1 – immediate bed with physician at the bedside

ESI-2 – immediate bed

ESI-3 – multiple resources required.

ESI-4 – single resource required

ESI-5 – zero resources required



What do we think this means?

- ESI-4 and ESI-5 are going to the waiting room at the ED.
  - Need to be seen by someone, somewhere
    - Likely don't need ambulance transportation
    - Likely don't need to be see in in a hospital ED, provided that there is another appropriate resource available.
- These decisions MUST BE CORRECT!

Today's Barriers

- We are prisoners of the "reimbursable transport" model and the "don't ask for public money" philosophy!
  - For those who missed the memo, that stuff went away with the National Medicare Fee Schedule of 2002.
- We've got to break out of these!
- Imagine a fire department where only those who experienced fires contributed to the funding for the FD.
- Imagine a police department where only crime victims contributed to funding for the PD
- Imagine highways, parks, libraries, where only users contributed to funding!
- Not the kind of community you want to live in?

Your city streets without public funding…..

Your FD without public funding….

Your public libraries without public funding!

Why should community EMS be any different?

We've got to start being better advocates…..

- Who we are.
- What we can do for the community
- What it *really* costs (stop hiding behind the "no subsidy if you let me keep my sandbox" argument)

Other Issues

- Patient-centered EMS and EMS organizations
- Evidence-based EMS
- The impact of technology

Patient-centered EMS

- EMS today is not patient-centered. It may be
  - Staff – centered (*Is yours a social club that runs ambulances*?)
  - Borough – or Town – centered
  - Union – centered
  - Profit – centered
  - Budget – centered
- We need to get our priorities straight

Evidence-Based EMS

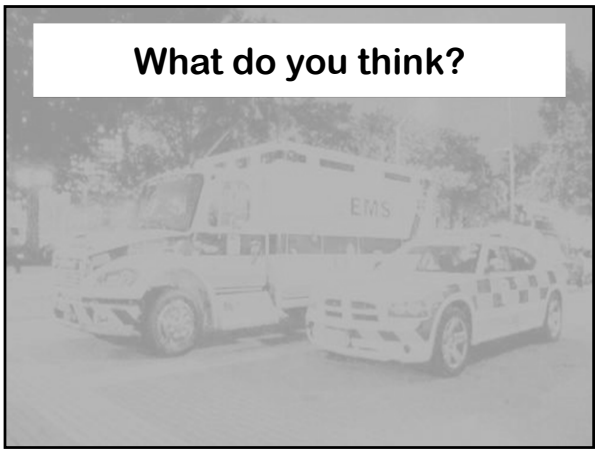
- Medical care provided must help the patient have a better outcome!
  - That requires study! *Primum non nocere*…
- There's more to it than the medicine!
  - Community safety and security
  - Customer service, empathy
  - Other things that the community might expect and value from the EMS agency of the future.

The Future of Technology

- Dispatch, unit selection, navigation
  - If you're not always sending THE CLOSEST resource regardless of district, you're cheating somebody.
- Patient care reporting
  - Charting
  - Physiologic parameters
  - It's time to be paperless (REALLY paperless!)
  - ePCR data should be delivered to hospitals in electronic format – today!
- The "Holy Grail" of clinical quality management is available today!!!

So what do health care reformers want from us?

- The right patient
- To the right place
- At the right time
- Partnerships that benefit all of us
- Data
- Surge capacity
  - We can't provide that now because we have just enough staff and vehicles to perform against today's volume.


What do you think?


k you!
EMS
94